U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amenced. Failure to comply may result in criminal prosecution, fines, or cavil penalties as provided by 29 U.S.C 439 or 440.



3. Name and address of person filing.

Sierra

1. File Number U -

Name Michael

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2005 Through: 12 / 31 / 2005

4. Name, file number, and address of labor organization.

Labor Organization File Number 035-651

Name Operating Engineers Local Union No. 3

P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 1620 South Loop Road	Street 1620 South Lcop Road			
City Alameda	City Alameda			
State California ZIP Code + 4 94502	State California ZIP Code + 4 94502			
5. Position in labor organization. Executive Board Member				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instruct cns):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bidg. Room No., if any				
F.O. Box, Blug. Room No., II any	7.b. Amount.			
Street				
City				
State ZIP Code + 4				
Signature				

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Telephone Number

Name of Person Filing Mi	ichael Sierra	File Number U -
	, , , , , , , , , , , , , , , , , , , ,	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) 3 substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or se ling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Operating Engineers Credit Union X a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 250 North Canyons Parkway Livermore City State California ZIP Code + 4 94551 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Local Union credit union. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. BBoard meeting fee; expenses paid for board meeting ZIP Code + 4 State and conference; awards dinner. \$2,899 12.b. Amount.

or from any labor relations consultant to				
13.a. Name and address of Employer or (including trade name, if any).	Labor Relations Consultant		14.a. Nature of payment.	
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State	ZIP Code + 4			
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.	